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Remarks on Psychotherapy.*

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It has been said of medicine that it is both a science and an art. It could more correctly be called a conglomeration of all the sciences and many of the arts. Broadly speaking, medicine as an art consists:

1. In the application of all known laws and principles to the prevention of disease.

2. The utilization of all agencies which aid in the cure of disease or the amelioration of human suffering. It follows, therefore, that every advance in any science, or art, contributory to medicine means a step forward for medical science.

Like theology, with which it was anciently associated, medicine has received some of the greatest impulses in its evolution from its avowed enemies. Mysticism and dogmatism, has played each its part, and has given place to scientific truth and tolerance.

Speaking of the progress of medicine, Prof. Taylor says: "The reaction from speculative philosophy and the identification of scientific method with material facts, which was predominant throughout the last century, has stamped itself deeply upon the medical profession with results which have made possible the advances of the past years."

The whole tendency of medicine has been then away from the phil-

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osophic toward the materialistic. for, as expressed by Dr. Minot, quoted by Prof. Taylor: "The philosophical mind is of a type unlike the scientific. The former tries to progress primarily by thought based on the data available; the latter seeks to advance primarily by collecting additional data."

"There is, says Dubois, in this very generation a strange mixture of thoughtless materialism and a spiritualism that is still more unthinking."

This extreme materialism has, it seems, dominated the medical mind, while the unthinking spiritualism has become more and more a characteristic of the lay mind. So that while the supreme effort of the scientific medical man has been to demonstrate a *structural* change, a *chemical* or *physical* alteration for every disease many unfortunates with merely *functional* derangements, of nervous origin, have been allowed to go their way and fall into the hands of the Philistines.

Some of these cases, their true nature unsuspected, have yielded to almost every kind of therapeutic suggestion, a bread pill, a prayer, or a pan hysterectomy.

The criticism, which is largely justified, of rank materialism in medicine comes also from the camp of our enemies where many of our unhappy neuropaths have gone. They realize the great influence of the mind, or the soul, over the body, and the derangements which inevitably follow in the functions when its control is interrupted.

Not only in the production of purely functional disorders, but as a factor in determining the degree of the suffering from organic, even incurable diseases, the psychic status of the sufferer must be considered. This is a fundamental proposition. No refinement of diagnosis; no amount of drug therapy can influence materially a troubled mind. It seems much easier for these propositions to be grasped and turned to account by minds untrained in science, than by medical men.

In concentrating all scientific investigation upon the physical, the material, we have left the affairs of the psychic, the spiritual world in the hands of a few men of philosophic mold, psychologists and alienists whose investigations naturally have been of the theoretical speculative kind.

The interdependence of psychology and physiology, or rather the actual identity of these, has not been fully appreciated by the workers in

either field, though both realized vaguely the control exercised by the mind over the so-called voluntary acts.

But new light is being shed upon the question from both quarters, and with the advance of experimental psychology gathering certain data and formulating definite rules many practical deductions have followed.

These studies of physiological, normal, bodily functions with reference to the psychic element have revolutionized our ideas of normal digestion. For example—the fictitious meal has demonstrated that mental processes and not mechanical irritation are responsible for the flow of the digestive juices.

This has given an insight into the part played by mental representations in the production or harboring of the gastric neuroses. In health, then both the voluntary and involuntary acts are vitally affected by conscious cerebration, and much more strongly are they influenced in ill health.

Of the influence of subconscious impressions in nervous disorders, something will be said later.

“Dr. J. M. Buckley says that so long ago as the time of John Hunter it was established by a variety of experiments, and by his own experience, that concentration of attention upon any part of the human system affected first the sensations, then produced a change in the circulation; next, a modification of nutrition, and finally a change in structure.”

If this has been generally understood by the profession all these years, is it not strange that so little use has been made of the knowledge? It would be more charitable to look upon it as a rediscovered truth.

Failing to cure a large proportion of our cases with pills, powders and potions, we acknowledge defeat, but are slow to admit the success of other systems because, forsooth, they are not orthodox.

This objection can no longer be made, for psychotherapy has come to bring harmony by rationalizing and systematizing mental and moral therapeutics.

But some one asks, “It not psychotherapy our old friend suggestion in a new garb? Suggestion is nothing new, it has played a part in every system of cure since time began.”

It cannot be denied that psychic suggestion has had a vague, ill defined influence in all forms of treatment,

The charm of personal magnetism, the faith that the sufferer has in his doctor, inspiring him with hope of recovery, often is of more benefit than the drug administered. Is not this suggestion?"

Another illustration of the practical application of suggestion is the placebo, formerly much employed, now sunken into odium except among a certain type of practitioners where the practice seems to die hard.

This, unquestionably, was pure suggestion, and often answered its purpose which was twofold, (1) to relieve the doctor, and (2) to deceive and pacify the patient.

Still another procedure in the same class, but far more revolting than the innocuous drug placebo is in vogue in certain enlightened countries by men who are in the ranks of the legitimate, if one is to accept at its face value an article in the British Medical Journal of January 11, 1908.

Speaking of the use of the seton in a case of migraine and certain other intractable nervous diseases, in which he gives due credit to certain advocates of this treatment among his colleagues, one T. Wilson Parry says: "It is cases of this kind which having suffered much at the hands of many physicians" eventually find their way into the consulting room of the quack, or the tabernacle of the Christian Scientist. It remains, therefore, with the general practitioner (for such cases chiefly fall to his lot) to decide whether they shall still frequent those undesirable bypaths, or whether their persistent symptoms shall receive at the hands of the medical man timely relief in a rational and practical manner."

If this is intended to be an example of Quixotic satire it rivals old Cervantes and is far too subtle for English minds. If, as it appears, one is to take it literally, it illustrates suggestion in a drastic, if not a barbaric form.

It were infinitely better for the unfortunate neuropath both for his comfort of body and peace of mind to enter into the "Tabernacle of the Christian Scientist" with all its reputed unscientific Christianity and unchristian science.

Such haphazard, often illegitimate employment of suggestion as a therapeutic agent has served to keep it in disrepute, confining its use to charlatans.

What then constitutes psychotherapy? This question is admirably answered by Dr. Joseph Collins (Am. J. M. Sc., Feb., 1908) who says: "The systematic utilization of measures that have been shown experimentally and empirically to restore bodily tone, to improve general and local nutrition, to add functional potentiality, to aid in dislodging fear, and overcoming that infirmity of the will, want of self reliance, it is the plan of treatment that must be taught and practiced if we would be just to our patients, and true to ourselves. And it is this *plan* of treatment and all that it stands for in conjunction with the means employed to get possession of the real facts concerning the patient's ailment that spells psychotherapy. Could anything be more comprehensive in scope, more constructive in its aim?

The class of ailments in which the most immediate and brilliant cures are seen by psychotherapy is that embracing hysteria, psychasthenia and neurasthenia, but the scope of its influence has still only been hinted at.

In these cases it exerts specific curative power when supplemented by other measures such as rest, massage and overfeeding. In many other conditions it plays a secondary role, but nevertheless one of unquestionable value.

In the application of psychotherapy in either class of cases it must not be imagined that a special training is absolutely necessary.

Some of the qualifications desirable in practitioners who aspire to succeed with psychotherapy may be suggested as follows:

1. A diagnostic ability sufficient to enable one to exclude all organic conditions and to make a reasonably positive diagnosis of nervousness.
2. A perfectly honest, fearless and confident attitude toward the patient.
3. Some knowledge of human nature, a reasonable sympathy for suffering and mental instability, and lastly, tact.

Special training in psychology is of great advantage, and this is in reach of nearly every general practitioner, in a country where schools and libraries are plentiful.

This will enable one to obtain possession of certain most valuable data in regard to the mental status of his patient.

Psychic analysis has a very generally recognized value in some cases.

Freud, who believes in a sexual basis for hysteria, seems to have succeeded by this method in this and other neuroses. The theory seems to be that these neuroses arise and are fed by certain unpleasant subconscious representations, which like "Banquo's ghost will not down." Now if this can be recognized and brought out into the open—that is from the subconscious to the conscious sphere—it can be attacked and dispelled.

Suggestion which is a method depending on an exactly opposite principle and *modus operandi* also has many ardent advocates.

This and the so-called "Sidetracking method" employed so extensively by Jutnam in this country seem less complicated, and hence will probably meet with more general favor.

Whatever method we adopt the great underlying principle is the same, viz., the application of *psychic remedies* to *psychic diseases*.

It must not be forgotten that psychotherapy in the hands of injudicious or unscrupulous men is capable of vast harm. But it is the writer's belief that with all its possibilities for good or evil, it can be entrusted to the medical profession.

It will be given a thorough test, and if it has the virtues it appears to have, it will find its proper place among the great moral agencies that are lessening human woe and contributing to the evolution of the race.

Some Forms of Dystocia.*

By J. E. Jenkins, M. D.,

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Dystocia has been defined as difficult labor, and in this sense will the word be used in this paper. In all labor three factors are to be considered, namely: (1) The powers of expulsion; (2) the passenger, and (3) the passage. The inharmonious action of the three factors unitedly or separately may cause dystocia. In inertia uteri the powers of expulsion are at fault, in over development of the fetus or in an irregular position of the normal fetus the passenger, in the contracted pelvis or in atresia vaginae the passage.

The result of the treatment in any given case of dystocia will depend

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very closely upon the accuracy with which the diagnosis of the offending cause is made. And as a general rule an undue delay in the first stage of labor warrants a most thorough per-vaginal and intra uterine examination.

The forms of dystocia discussed in this paper will be those often met with by the general practitioner, namely, (a) the inertia of the uterus and its management, (b) the rigid and undilated os and its management.

INERTIA UTERI.

Among aetiological factors may be classed lack of development, as in the infantile, general muscular relaxation as in the hot house raised girl, loss of tone to the uterine and abdominal muscles from too frequent child bearing, and from hydramnions, exhaustion from prolonged and twin labors. Martin (vol. 53, *Am. Jour. of Obstetrics*) reports a case of fatal post-partematony due to a long standing endo-metritis and metritis.

Symptoms of inertia are feeble and infrequent pains, sometimes lasting for days, wearing out the patience of the woman, the physician and all concerned, and accomplishing nothing in the way of engagement of the head or dilatation of the cervix. or pains may commence brisk enough and after a time cease.

TREATMENT.

Many cases if left to themselves will in several days or a week take on actual uterine action, but the patient should be watched and the physician be ready to give assistance when the woman's failing strength or weakening pulse and rapid respiration demand. The premature rupture of the waters in these cases should hasten interference, as the contents of the uterus is then liable to outside infection. Where there are no indications of haste strychnine sulphate in one-twentieth grain doses given three times a day may be sufficient to excite uterine action. A more active treatment would be quinine sulphate, grains x, and strychnine, gr. 1-30 repeated in two hours for several doses, also small doses of ergot 10 to 20 gtts. Where drugs fail the irritant action of foreign bodies may be tried, as tampons, bougies, rubber bags, etc.

The following cases of inertia may be of interest:

Case 1. Mrs. C. White multipara, had been having pains for four or five days and sending for the doctor each day. May 19, 1907, 3:00 a. m., examination showed presentation and position normal, os relaxed, perineum torn and relaxed—gave quinine gr. x and strychnine gr. 1-20, and at 4:00 a. m. a full dose of ergot. Child was born at 4:30 a. m. The same woman in two previous labors had wearied out her patience and her physicians patience.

Case 2. Feb. 17, 1908. Inertia with premature rupture of waters. Mrs. S. White multipara pains for ten days, and woman thought she was in labor each day, but examination showed os unaffected and head not engaged. 4:00 p. m., Feb. 17th, waters ruptured—5:00 p. m. os still unaffected, woman worn out and much excited—gave quinine gr. x, strychnine gr. 1-20 and a little chloroform and then manually dilated os to full size. Repeated quinine and strychnine with ergot gtt. x in two hours—child was born at 9:00 p. m.

THE DISCUSSION OF THE RIGID AND UNDILATED OS AND ITS MANAGEMENT.

The rigid os may be a pathologic or an anatomic development, or a symptomatic condition. Pathologically there may be cicatricial stenosis caused by sluffing after difficult labors, from syphilitic or inflammatory ulceration or infiltrations, from carcinoma and other tumors. There may not be the rigid os but simply an undilated os that requires attention in such conditions as premature rupture of water, elderly primipara, occipito posterior positions with head unengaged, induced labors, antipartem hemorrhage, placenta previa and eclampsia. Anatomically there may be the proverbial rigid cervix of the elderly primipara or the elongated cervix of hypertrophic stenosis. Symptomatically there may be the rigid os when labor sets in with cramp like pains causing great suffering of the woman and affecting nothing toward dilatation, or in cases of premature rupture of the waters where the uterus grips the fetus tetanically causing anemia of the uterus where there is pressure and congestion where there is none, thereby interfering with the uterine musculature.

TREATMENT.

Often the pathologic or anatomic stenosis of the cervix, owing to the softening and succulence of the tissues during pregnancy, will unfold itself at the onset of labor without treatment. The symptomatically contracted os of the first stage of labor caused by severe cramp like pains may be relieved by the old but good remedy of chloral hydrate gr. xxx by enema. Likewise the undilated os of the primipara and of many other cases having good pains will be favorably influenced by hypodermic of morphine and atropine or morphine and scopolomin. Scopolomin has a more anesthetic effect than atropine so that if later any operative procedures are required the patient will not need to be given chloroform or at least a very small amount. And that is a distinct advantage where the operator has to be his own anesthetist. Where there are no contraindications to the use of morphine and atropine or morphine and scopolamine, except the irregular and feeble pains, sometimes they may still be advantageously used for their relaxing effect upon the cervix and to relieve pain by giving at the same time quinine gr. x and strychnine gr. 1-30.

Where operative treatment is required the method to be used will depend upon the condition of the cervix and os, (2) the urgency of the case, (3) the irritability of the uterus. As regards the condition of the cervix Edgar classifies all cases (1) into those where the supravaginal cervix has been taken up to form part of the lower uterine segment, (2) those where the cervix is unchanged. Where the supravaginal cervix has been taken up to form part of the lower uterine segment manual dilatation would meet all indications however urgent. Where the case is not imminent Barnes' bag and the Champetieur de Ribs balloon could be advantageously used after sufficient dilatation by manual means had been secured for their insertion.

For the manual dilatation Harris recommends his method with the use of one hand at a time, changing as the hand becomes tired out. This introduction of the whole hand into the vagina and especially where the hands have to be changed is of course attended with the risk of carrying infection into the birth canal, and therefore the most rigid aseptic precautions with rubber gloves should be used. Hoppe's method of bi-manual dilatation is more powerful than that of Harris's and likewise should be used with rigid aseptic precautions. He introduces left

hand into the vagina and gradually inserts first, second and fourth fingers into cervix, then using first and second fingers as a kind of tenaculum he draws down cervix to vulva and introduces into cervix first and second fingers of right hand—thus the flexor muscles of the fingers give a strong lever like motion from above down. Also the introduction of the hand dilates the vagina passage and renders the rest of the labor easier. In cases where the urgency is not so very great, and after slight dilatation has been secured the introduction of rubber dilating bags act advantageously and is not such strenuous work for the operator. Slight traction upon the bags by means of the rubber tubes aids their action upon the cervix materially. After their introduction the pains are greatly increased by the irritant action of a foreign body in the uterus, and in from two to six hours the bag will be passed. If still sufficient dilatation is not accomplished a larger bag may be introduced or the cervix dilated manually.

In regard to the second classification the treatment would again vary according to the urgency of the case and irritability of the uterus. In this class the cervix is not effaced, and if the urgency is not great various procedures according to the special indications might be practiced, as packing the cervix and vagina with gauze, insertion of bougies, the use of dilating rubber bags, etc. If the urgency is great as in some cases of eclampsia some authorities recommend Bossi's dilator for complete and immediate dilatation. Edgar and other authorities recommend Bossi's dilator for partial dilatation and the bi-manual of Koppe's for complete dilatation. Duhressen condemns Bossi's dilator as unsurgical and dangerous and recommends deep cervical incisions or vaginal hysterotomy. As a summary, artificial dilatation is required for natural and morbid conditions of the cervix which prevents its dilatation, for eminent dangers to mother or child as in premature rupture of the waters, rigid cervix, antipartem hemorrhage, placenta previa, dead fetus and eclampsia. And the method to be pursued according to the special indication would be manual dilatation tamponage, bougies, rupture of the membranes, rubber bags, Bossi's dilator and vaginal hysterotomy.

In the following cases the management of the cervix was an especial feature:

Case 1. Premature rupture of the waters. Mrs. H. White multipara. History, forty-eight hours in first labor and thirty in second.

Feb. 11, 1908, 4:00 a. m., waters ruptured without pain; 1 p. m. pain still infrequent, os undilated and L. O. A. position. Gave her quinine gr. x and strychnine gr. 1-30, also hypodermatic of morphine and scopolomin. After waiting an hour os was dilated completely by Harris's method. The quinine and strychnine was repeated in two hours and the child was born soon afterwards. Woman was entirely unconscious of any pain.

Case 2. Premature rupture of waters in a primipara. Mrs. K. White, primipara. Age 18. Feb. 20, 1908, pains began at 3:00 p. m., waters ruptured at 11:00 p. m. no dilatation of the os, pains good, presentation and position normal, gave hypodermic of morphine and scopolomine, after one hour dilated os fully by Harris's method; 1:00 p. m. pains not strong enough gave quinine and strychnine, also repeated hypo of M. S.; child was born at 4:00 a. m. without mother being conscious of it.

Case 3. Uterus exhausted in efforts to face os. Mrs. F. White primipara. Jan. 6, 1907, pains good for 18 to 20 hours; os slow in dilating; gave M. and A.; presentation and position normal; after os was effaced woman seemed exhausted and pains almost ceased; gave quinine and ergot twice and put woman on her knees; child was finally delivered naturally.

Case 4. Uterus exhausted in efforts to face os. Jan. 10, 1907, Mrs. P. Robust primipara; pains for several days previously without effect on the os; presentation and position normal; at 7:00 p. m. gave M. and A. hypodermatic and quinine and strychnine by mouth; after os was effaced pains almost ceased, but by giving quinine and strychnine several times labor was completed naturally.

Case 5. Feb. 22 1908. Occipito position with premature rupture of waters. Mrs. M. C. White multipara. Waters ruptured at 4:00 a. m.; 11:00 a. m. pains infrequent and os undilated, gave quinine and strychnine by mouth, also hypo of M. and Sc. and dilated os manually; 3:00 p. m. repeated strychnine and quinine; 7:00 p. m. pains came on better; efforts to cause occiput to rotate forward failed; with the forehead under symphysis pubis forceps were applied and child delivered puerperum normal.

Case 6. Jan. 1, 1908. Induced labor for dead fetus. Mrs. H. White

multipara; seven months pregnant; no life perceptible in fetus for four days; at 2:00 p. m. introduced bougie into uterus and packed vagina with gauze without an anesthetic; pains started up in three hours; bougie and gauze passed in five hours; waters ruptured soon afterwards; examination revealed os dilated, but fetus crossways; gave chloroform; brought down a foot and delivered dead child puerperum normal.

Case 7. Feb. 23, '07. Induced labor for antipartem hemorrhage and dead fetus. Mrs. S. White multipara near full term; slipped and sat on the floor four days previously, at the time felt severe pain in abdomen and fainty feeling; no movement of the child after that date; 1:00 a. m. severe hemorrhage without any pain; examination showed os and cervix closed and high up; child in L. O. A. position; no evidence of placenta previa, hemorrhage stopped of itself; 5:00 a. m. hemorrhage again and continued till 8:00 p. m. when os was dilated manually enough to insert a Barnes's bag vagina stuffed with gauze, quinine and strychnine given twice at two hour intervals, also half teaspoonful ergot; bag passed at 3:00 a. m., water ruptured at 5:00 a. m.; dead child delivered at 7:00 a. m.; placenta had a large central blood clot, puerperum normal.

Case 8. May 10 1905. Artificial dilatation of the os in placenta previa. Mrs. M. White multipara: 10:00 p. m. had severe hemorrhage; child near full term presenting by head, os admitted one finger, and placental circulation could be made out; packed cervix and vagina with gauze after four hours removed gauze and os was opened up some and hemorrhage great; hand introduced into the uterus membranes ruptured; posterior foot seized and drawn down as a plug for the cervix; asphyxiated child was delivered caused by delay of the head by the partially dilated cervix.

Case 9. April 6, 1905. Induced labor in eclampsia. Mrs. R. White multipara. Age 33, seven months pregnant; 8:00 p. m. was seized with convulsions soon afterwards was given morphine 3-4 gr. hypodermically and convulsions were first controlled with chloroform; examination showed os uteri firmly contracted and no effort at labor; os was dilated to the size of three fingers and Barnes's bag inserted, also gave veratrum hypodermically at 11:00 p. m., 12:00 and 3:00 a. m.; bag was passed at 6:00 a. m. followed by dead child soon afterwards; four days later woman again had convulsions which were easily controlled; final recovery.

Pathology of the Summer Diarrheas of Infancy and Childhood.*

By Walter R. Ward, M. D.,

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In reviewing the literature of the last three years, I have been surprised at the dearth of the pathological findings reported from autopsies done on cases dying from summer diarrheas and digestive disturbances in children, while on the other hand the literature is literally teeming with contributions to the etiology, symptomatology and treatment of this important disease.

In considering the pathology of the summer diarrheas, we are concerned with the milder forms of indigestion and diarrheas due to mechanical causes where there is rarely a pathological lesion and not characteristic of the disease, but with the severe infectious forms, where there is always a constant pathological condition found, and while the milder forms constitute the great majority of the cases we see and treat and nearly always give rise to the severer conditions, yet I have excluded them from this paper to save space and time.

Acute Gastro Enteric Infection. As Holt says: "This form stands midway between acute indigestion and ileo-colitis."

The lesion may be described as a superficial catarrhal inflammation affecting the entire gastro-enteric tract.

The colon, the lower ileum and the stomach usually suffer most, the duodenum and the jejunum least.

The stomach is distended with gas and contains undigested food, and its walls may be coated with mucus. The entire surface may be affected or the condition may be limited to a certain part. The part most likely to escape is that toward the pyloric orifice. This part of the organ is often found in nearly or quite the normal state, while the cardiac half or more is inflamed. The congestion of the diseased surface is not uniform. In one place there is simple congestion, in another intense continual redness, while between these two extremes there are different

*Read before Jefferson County Medical Society, May 18, 1908.

grades of inflammation. The mucus membrane is thickened softened and the secretion of mucus increased.

Extravasation of blood sometimes occur under the mucus membranes, usually in points, and the mucus may be tinged with blood.

The microscope shows the essential lesion to be of the superficial epithelial layer. In places this epithelium has disappeared. In other places the cells are in position, but both the cell protoplasm and the nuclei are so changed that they do not stain normally. The small vessels may be distended and there may be hemorrhages or an exudate of leucocytes.

The Intestines.—The upper part of the small intestines is usually empty while the lower portion contains particles of food, and a material similar to that passed during life. The caecum transverse colon and sigmoid flexure are distended with gas and contain material similar to that mentioned in the small intestine, while the rest of the large intestine is usually empty and its walls contracted. It may or may not be coated with mucus. The mucus membrane of the small intestine may be pale; or there may be irregular areas of congestion, or an intense congestion of a large part of its surface, particularly in the ileum, often with redness and swelling of Peyer's patches. In the colon the mucus membrane is congested, especially marked upon the rugae. As in the small intestine this congestion may be general or in patches. These changes are not always constant. The microscopical appearances are similar to those described in the stomach.

Acute ileo colitis is simply an advanced or later stage of the previously described classification, in which there are found more extensive lesions than those of the superficial epithelium.

The nature of the lesions in ileo colitis differs very much in the different groups of cases, but their position is constant; they effect the lower ileum and the colon. In about half the cases only the colon is affected. when the ileum is affected the lesion is usually limited to its lower two or three feet.

Kerley says: "The intestine may be the seat of all degrees of inflammation from simple catarrhal and follicular hyperplasia to follicular ulceration and false membrane formation. In the subacute and chronic cases dying after two to six weeks illness the pathological find-

ings vary from a slight superficial abrasion of the mucus membrane to large deep ulcerations involving all coats of the bowel.

Holt describes two forms of ileo-colitis. A catarrhal and a membranous form. Acute catarrhal ileo-colitis. In the milder forms are found changes in the epithelium and an infiltration of the mucosa. In the severer cases the submucosa is also involved, and the infiltration of the mucosa may be so great as to cause necrosis and ulceration. The small intestine is distended with gas and the large intestine nearly empty except the transverse colon. The mucus membrane is often coated with a tenacious mucus. The contents of the intestines are generally green in color and thin. The mucus membrane appears somewhat swollen. There are occasionally seen swelling and oedema of the villi in the small intestine so that they project abnormally and give a plush like appearance. Congestion is a constant feature and as in the previous classification, may be simply upon the folds of mucus membrane or may be so intense as to involve the whole intestine for some distance. Small hemorrhagic areas are often seen. In the most severe cases there are marked thickening and uniform congestion. The lymph nodules in the colon are swollen and projecting above the mucus membrane. Peyer's patches may be normal or may be swollen.

The microscope show a loss of the superficial epithelium, and that lining the tubular glands at their orifice. Fine granular matter is found upon the surface of the mucosa and within the tubular glands. Infiltration is marked.

In the most severe cases where death does not occur early, extensive ulceration takes place, usually throughout the colon, rarely in the ileum. The ulcers generally begin in the mucosa overlying the lymph nodules, they are usually small, but by coalescence become sometimes quite large, destroying considerable of the mucus, they are confined to the mucosa extending to the submucosa, which is densely packed with round cells.

Acute Membranous Ileo-Colitis.—This is the most severe form of intestinal inflammation among children. The lesion affects with great uniformity the lower two or three feet of the ileum and the entire colon. The most marked changes occurring near the ileo coecal valve, the sigmoid flexure or the rectum. The intestinal wall is firm and stiff and

is two or three times its normal thickness. It is now thrown into deep folds as is the normal intestine when empty. Where membrane coats the intestinal walls the color is a grayish green, but it is rare to find it in sufficient quantities that it may be stripped off to any extent. In the parts where no pseudo membrane exists the surface is an intense red, and is rough and granular presenting a marked contrast to the normal glistening appearance. In the regions most affected the normal structures cannot be distinguished. Although the whole colon is affected, yet it is not uniformly so throughout. Excepting the lower ileum the small intestines show no constant changes, also the same may be said of the stomach.

The microscope shows the most characteristic feature to be the exudations of fibrin, which forms a distinct pseudo membrane on the walls of the intestine, and may infiltrate the mucosa and the submucosa. The infiltration is some time so great that the tubular follicles are in some places entirely destroyed.

Associated lesions of ileo-colitis, broncho-pneumonia being the most important and is found in quite a large proportion of the protracted cases, and not infrequently is the cause of death. Bronchitis is a very common complication, parenchymatus nephritis is also a fairly common complication.

Cholera Infantum.—This form of diarrhoea seems very rare. Out of 620 cases of summer diarrhoeas reported by Dr. Dunn of Boston, only one case bore any resemblance to the description. Holt in mentioning it says it is very rare and does not describe any pathological findings in the alimentary canal, and denies that there is any characteristic pathological lesion of the brain or kidneys that is not met with in the other febrile disorders of infancy.

Smith in his work on diseases of children briefly describes four conditions: (a) Either the stomach is softened without any lesion of the digestive tube, (b) or the stomach is softened at the same time that mucus membrane of the intestine and especially its follicular apparatus is diseased (c) of the stomach is healthy while the follicular apparatus or the mucus membrane is diseased, (d) or, finally, the gastro intestinal tube is not the seat of any lesion appreciable to our senses

in the present state of our knowledge or it presents lesions so insignificant that they are not sufficient to explain the gravity of the symptoms.

Authorities referred to:

J. A. M. A., Aug. 26; 1905, page 597.

Archives of Pediatrics, June, 1905, page 401.

Medical Record, June 2, 1906.

Holt, Diseases of Infancy and Childhood.

Smith Diseases of Children.

Stengel, Text Book of Pathology.

Prophylaxis and Treatment of Diarrheas of Children in Summer, and Gastric Disturbances.*

By Hardee Johnston, M. D.,

Birmingham, Ala.

This, gentlemen, is a subject to which in importance the ravages of tuberculosis and pneumonia the scourges of maturer years is as nothing.

Throughout the civilized world there would seem an almost yearly decrease in the mortality rate among adults. We show a unanimity of purpose and a concentration of effort in this strife against disease which proclaims as nothing else could the high value we place upon ourselves and our right to live. Oslerism is in no danger of becoming popular either in theory or practice. But the baby and the little child, what has our civilization done for these? From every country comes statistics that read more like the returns from a battle field, than they do like the vital statistics of children living in this humanitarian age—figures that are simply appalling and seem to damn our civilization with their immensity. And the pity of this slaughter, the crime of it comes home to us when we realize the fact that it is largely unnecessary and easily preventable.

Of the thousand of little ones each year that are born, how many thousand live their short lives and die without once having suckled a mothers' breast, without once having glympsed the green things of this earth, or breathed air undefiled! The tripod of the baby world, mothers' milk, fresh air, and sunlight have been denied them, and they die si-

*Read before Jefferson County Medical Society, May 18, 1908.

lent victims, a tribute to selfishness, ignorance and neglect. Out of the total death rate in this country in 1905 one-fifth were children under one year of age and of these one-half died of enteritis. It has been estimated of all children dying under one year of age from one-third to one-half die of bowel trouble—and of these from 75 to 85 per cent are artificially fed. Planchon has found in Paris that during the winter months for breast fed infants two die per thousand of enteritis, during the summer months twenty per 1,000—for artificially fed twelve during winter and 158 per 1,000 during summer. Further, during the summer months of those dying of bowel trouble over 90 per cent are artificially fed. Tyson states that 3-4 of all children dying under one year of age in England are artificially fed. Hope of Liverpool, believes that artificial feeding is practically entirely responsible for the high mortality in infants and that all other prophylactic or hygienic measures are negligible in comparison. But how do we of the United States stand in comparison with other countries as to these mortality returns. At the top, of course, and that even though we do not worry ourselves over complete and accurate returns as is done in most European countries. We have fifteen cities with a greater mortality amongst infants under one year of age than has the worst city in Germany. And the South has the enviable distinction of eleven on this list of fifteen; heading the list with the three worst. We might multiply statistics almost indefinitely, but there is no necessity, for it is clearly a fact that the mortality amongst infants is frightful—that 1-3 to 1-2 die of gastro intestinal trouble, and that of these 75 to 85 per cent are artificially fed. That the summer months bring with them a terrible fruition as a result of previous or present departures from nature's method is also true. There is then no necessity for any carefully woven theory as to prophylaxis; there is no necessity for calling on the microscope or laboratory to find the reasons why and present us with a specific, we need but read the returns and the evidence is all in and conclusive. The breast fed baby largely possesses an immunity against gastro-intestinal troubles while the artificially fed infant's chances of surviving are the forlornest of forlorn hopes.

The thing to do then is to make a woman nurse her child. But is it not true that a large proportion of women are unable to suckle their babies? Van Burgin's estimates declare, for all of Europe, 75 per cent

of women can nurse their young. In France it is said that out of a hundred healthy women 99 can perform this mother function. In the city of Barmen, Germany, 63 per cent of all babies are breast fed. It is also stated that true agalactia does not exist. It would seem then that a woman's inability to nurse her young exists more largely in her head than it does in the mammary glands—it is more largely a question of desire to, than any true inability to perform this vital function.

We then of the medical profession, to whom life is peculiarly sacred, to whom the impregnated ovum means life and sacred, have before us a plain and vital duty, a crusade each in his own limited sphere, against this slaughter of the innocents. Women should be made to realize what they are doing when through indifference they fail to nurse their babies, and we should absolutely refuse to be silent as to this or in any way a party to it. They should be made to know when this new life is first apparent to them that the suckling of the baby that is to be born is as much their duty as it is to hold viable and sacred the life within their womb. If there is anything in hygienic or other measures that will tend to assure a normal secretion of milk it is as much our duty as physicians to see that these things are done as it is to see that the welfare of the woman is conserved during her pregnancy. But is it not a fact that we doctors have not been blameless in this wide spread evil of artificial feeding? Is it not true that we have frequently allowed or ordered a baby taken from the breast and fed artificially under slight provocation? This decade of medicine is marked by the conservatism of the internal medicist in the use of drugs—popularly we state that we are afraid of interfering with nature, and all of our former boldness has been absorbed by our brother surgeons. And yet we can show a temerity that would put to shame the best of surgeons—and as for interfering with nature—why we make a regular side show performance of her simplest teachings. To attempt to rear a baby on cow's milk, is in each instance, a dangerous experiment, and we should realize that nothing save dire necessity warrants any such attempt. That it is an experiment is proven from the diversity of opinions held by the different authorities as to how to do it. That it is a dangerous experiment statistics verify, and the known infections that such milk may carry substantiates it. What should be done then toward relieving this famine amongst our babies. First the mother should be made to

appreciate the necessity of nursing her young and then she should be assisted if necessary by the removal of conditions adverse to the proper performance of this function. A nursing woman peculiarly needs good food, good sleep and good air. If because of poverty these things are denied her, I believe the government should make provision. We are spending millions irrigating arid lands, that it may bear its harvest; why not contribute some of our wealth toward rendering fruitful barren breasts and adding another possible worker to the State! Where a mother can not nurse her baby let us try for a wet nurse.

I believe as a prophylactic measure in breast fed infants during the summer the intervals of feeding should be longer than those usually advocated, and I think it is a mistake to commence weaning so early as the tenth or twelfth month unless there is some individual reason for it. As to artificial feeding, I do not think it is within the scope of this paper to attempt to go into it fully. As a matter of fact, it is not feeding, but is treatment and of the heroic type.

Briefly, whatever formulae you may have to adopt, your milk should be clean, fresh whole, free from pathogenic germs, and should be kept cold, and it would seem that the work of Holt and Parke in New York taken in conjunction with the history of the Straus milk depots have almost proven that pasteurization is a great safeguard during the summer.

Climatic conditions largely affect the appetite, and the appetite in the normal unspoiled individual is generally a fair index to the digestive capacity. In the Arctic, we see the Esquimaux dispose of his eight or ten pounds of raw meat, to wake in the morning hungry for his light breakfast. While on the other hand the Arab of the desert is satisfied with a few dates. The Englishman in England is faithful to his roast beef, but the Englishman in India finds that he has changed his appetite with his clothing.

Therefore if we wish to avoid trouble, with the advent and during the summer months, our bottle fed children should be put upon short rations—and, further, the usual quantity and proportion advocated in the North are dangerous here. Lessen the quantity and lower the percentage of fats. For the Anglo-Saxon, heat is a great nervous depressant—and for our children, with their nervous system in the process of making, this is particularly true. Since digestion is largely dependent up-

on the nervous forces, being by no means merely a chemical and mechanical process, it behooves us to practice a little under feeding, rather than run the risk of impaired digestion with enteric trouble to follow. Keeping in mind the child's peculiar liability to nervous exhaustion, the slow development of the nervous centers of control, and the baneful effect heat exerts upon this system, we should try in every way to preserve the nervous equilibrium; and because of our climate which is almost subtropical, we of the South should always bear this in mind with our children. There is no better nervous restorative than sleep, and our babies and children need a larger proportion of this than do children further north. They should be put to bed early, taken up early, and have a long sleep in the day. I believe that with us during our summer, the nervous origin of many of our gastric and intestinal disturbances is a big factor, and we should take particular cognizance of this in prophylaxis.

For older children, the time to have instituted true prophylactic measures was in their babyhood. They should have been breast fed. Metabolism is greater with a baby than at any other time of life—the organs not only functionate, but grow very rapidly, and to me it seems reasonable to suppose, that the tissue and structure of organs built up out of the best of foods would be more nearly perfect than those derived from the worst. Simple food, fed at regular intervals, fresh air, plenty of sleep, cool baths and early attention to digestive disturbances should constitute the necessary prophylactic measures.

As to treatment, I believe it is impossible to do more than speak very generally. We have no specifics, and we must treat each case individually to treat it intelligently. The first indication in the treatment of bowel troubles in infants and children is, of course, dietary. Food must be stopped for a longer or shorter interval, varying with the strength of the symptoms. The nursing baby should be returned to his food very much earlier than the older child, and the sooner you can safely have food retained the quicker they will get well. Of course, whatever food is used should be weak, small in quantity, and fed at long intervals. For the nursling, let some water be given and then the baby nursed for two or three minutes. For older children, I have never found anything better than whey as a general thing.

Having stopped the food, our next usual indication is to empty the

stomach and bowels. The stomach pump will do the one and castor oil the other. Ordinarily I do not believe the washing out of the stomach is a necessity. Castor oil for emptying the bowels is all right but personally I prefer calomel. It has always seemed to me that calomel exerted a more powerful influence in relieving the symptoms of an intestinal toxemia than any other medicine. Whether it does this through increasing the flow of bile or through rendering less absorbable the bile, or through some of the calomel being converted into bi-chloride by the action of the hydro-chloric acid of the stomach and thus increasing the general metabolism, I do not know. But in some way metabolism does seem to be stimulated, apart from any purgative effect that calomel may give.

After we are sure that the intestinal tract is empty we may resort to astringent medicaments. Personally I like Bismuth sub nitrate. We know it is an astringent, a weak antiseptic and that it will go where we want it to go and will not do anything else. I mean that the fact of its action being purely a local one recommends it for children; it is not going to do something we neither expected nor wanted done. A powder composed of five or six grains of bismuth with from 1-6 to 1-4 of calomel given every two hours I have found very useful. Opium so far as the bowels are concerned, I do not believe is often indicated; but to relieve pain and help the nervous system by rest it may be required in small dosages. Children early show shock and for this reason stimulants are soon demanded. I think this very important. The fact that metabolism is so active in a child, and that in these conditions it is almost arrested, soon makes itself apparent and we must early stimulate for the benefit of the nervous system. I believe that whiskey in small dosages is the best nervous stimulant we can give a child.

We must not forget the nervous system and whatever we do must be done with as little friction as possible. Irrigation of the bowels with normal salt solutions is frequently a good procedure. It seems to act partly as a stimulant and helps to relieve the toxemia.

Children are very prone to anemia, in fact their percentage of haemoglobin is usually lower than an adult's and in these bowel troubles they early show this tendency. I have, therefore, given the peptonate of iron frequently before convalescence had begun—and it has seemed to

hasten recovery. In fact two of the worst cases of ileo colitis I have ever treated did not begin to improve until I started them on iron.

The child should be kept quiet not handled, and have plenty of water and fresh air.

I believe where it is possible, in long continued severe cases of ileo colitis taking the child or baby for a drive early in the morning and possibly in the evening may save lives. The drive should be to the country and not too long.

Hydrotherapy for the fever should be resorted to, and if the child objects seriously to cool water, do not defeat your own purpose by insisting on it.

To sum up the whole thing is to treat the individual—treat him as a corporate whole, and not as a mere inflamed or irritated bowel—and do not forget his nervous system.

Treatment of Chronic Prostatitis.*

By Courtney W. Shropshire, M. D.,

Birmingham, Ala.

Genito-Urinary Surgeon Hillman Hospital.

In presenting this subject for your worthy consideration, I wish to eliminate those cases in which there is a pathological condition of hyperplasia of connective tissue frame work of the organ and confine my discussion to those cases where there is a chronic enlargement. The simplest of these is a desquamative or desquamatory-suppurative inflammation of the prostatic ducts. This is merely an extension of the urethral inflammation to the surface of the ducts, the deeper portion being uninvolved.

It is a superficial catarrh affecting the ducts and some of the glandular structure nearest the caput gallinaginis. The acini are filled with desquamated squamous epithelium and leucocytes; there are, however, no changes in the walls.

It is important, in the treatment of these cases, to secure the confidence of the patient and encourage him by explaining that his condi-

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tion is one that can be cured, and that he is not impotent, nor likely to become so, and that the mental disturbances of which he complains are due to a purely local condition which is not dangerous. The first indication for treatment is to improve the general condition of the patient by means of diet and exercise in the open air.

Constipation is generally a prominent symptom, and it is necessary to regulate the bowels, using saline cathartics, for their depleting action on the pelvic organs, which has some effect in relieving the congestion of the prostate. However I have found in a large number of cases, after we are able to relieve the greater amount of the inflammation of the prostate by proper treatment, that the constipation is overcome to a great extent.

Of course, all sources of erotic excitement should be interdicted on account of their effect in inducing congestion of the prostate gland. The diet should be composed of such articles that will not produce any inflammation of the prostate gland. Alcoholic drinks should be withheld from the patient. Sitz-baths of hot salt-water of from ten to fifteen minutes' duration have an effect in improving the condition of the diseased organ. Irrigation of the rectum with a Kemp tube, with either hot or cold water, is often beneficial, and in patients with marked neurasthenia the alternate flow of a hot-and-cold irrigation through the rectum is useful. The alternate flow can be arranged by filling two douche bags, one with hot and the other cold water, and attaching one and then the other to the rectal tube. Winternitz's urethral psychrophore, may also be employed, but hot water should be used instead of cold, the temperature being gradually increased until as high a degree as the patient can bear is reached.

The causative conditions must also be treated. Strictures, urethral discharges, purulent vesical catarrh, calculi and any other abnormal condition must be attended to: Treatment of the urethra, however, must not be continued too long. It is justifiable only as far as it is directed to the removal of the condition which is responsible for the prostatic trouble, and when this condition is overcome then the urethral treatment should be stopped, for it will not cure the prostatitis. If there is a great deal of catarrhal inflammation, with much pus-formation, irrigations are in order; but, if the suppuration is only slight, instillations with an Ulsmann syringe are indicated. In light cases 5 to

10 grains to the ounce of nitrate of silver may be used, but in old and obstinate cases stronger solutions are called for, and the strength may be gradually increased to 25 grains to the ounce. Solutions of copper sulphate, thallin sulphate and verbasum are recommended by some of the leading authorities. However, I have found very poor results with solutions of silver and copper, for they seem to set up too violent an inflammation, and coat over the surface, burying the germs deeper in the tissue that will break out at a later day. I have obtained far better results with irrigations of boric acid saturated solutions and carbolic acid 1 per cent solutions, than I have with the other solutions. Strong solutions can be better applied through the endoscope, direct to the ulcerations or granulations. In nearly every case of chronic prostatitis the verumontanum is markedly diseased and requires particular attention. I find the best method of treating these conditions is to apply a strong solution of either silver nitrate, 100 grains to the ounce, or Trichlor acetic acid, 5 per cent and carbolic acid, if the nitrate of silver produces too much pain. There is generally some reaction following these applications, the discharge increases and the patient has frequent urinations, and slight hemorrhage. After a half dozen strong applications, the verumontanum will be found to be in the normal condition again; however, if the chronic posterior urethritis accompanying the prostatitis has existed long, a submucous infiltration will have occurred, which also demands treatment by dilatations. I have found from experience that the posterior Kollman dilator is the most satisfactory instrument to use. Still some authorities claim equally as good results with the Berique sound, since from its shape and weight it exercises a certain amount of compression, which is a stimulant to the process of absorption. However, I think that the indiscriminate use of the sound will do more harm than good, for to my mind it will keep up too much of an inflammation of the prostate gland. And instead of opening up the mouth of the inflamed ducts of the prostate gland, as some authorities argue, I think it will push or force this broken down sero-purulent substance further into the ducts. How often have I had patients to consult me, claiming that they were suffering from a stricture, and have been treated by reliable and reputable physicians, with the sounds for months. When upon examination I would find a chronic prostatitis, with no stricture at all. And by the proper line of treat-

ment would obtain brilliant results. However, I don't want to be misunderstood with regard to the use of dilatation in the treatment of these conditions for to my mind it is essential in the treatment of some cases of chronic prostatitis. The indications for beginning dilatations as stated by Frank, is after massage has been continued for some time and the prostate feels normal, but the patient still has symptoms of neurasthenia, and the microscope shows a small amount of pus in the expressed secretions.

I have not seen any great results from medication, either from the internal use of drugs or from local application in the form of suppositories. The use of ichthyol and iodine, particularly the latter, appears to me to be the most rational. In order to preserve the bladder from infection by the frequently discharged purulent masses it is advisable to administer internally helmatol or urotropin three or four times daily. Very often we have phosphaturia accompanying these conditions, and which causes considerable trouble. Dilute hydrochloric acid and tr. nux vomica will be found very beneficial in overcoming this complication. If the pain become intolerable narcotics may be occasionally used, but caution should be exercised in giving them, the same as in all other chronic diseases, lest a drug habit be superimposed upon the already existing trouble. As a rule the pain is not so severe as to call for the administration of narcotics. In most cases it can be controlled by sodium salicylate, antipyrine, phenacetine and pyramidon, the last of which I have found exerts a particularly sedative action.

Massage of the prostate is the most efficient means we possess for treating chronic prostatitis. Because of the inaccessibility of the prostate gland it is evident that suppurative process affecting the organ will be very difficult to influence. The advantage comes from the periodically emptying the dilated prostatic tubules of their retained and thickened secretions. There is also an improvement in the blood circulation, which causes absorption of the inflammatory products and strengthens the relaxed muscular fibers. Fuller and a number of others have obtained good results from massaging the prostate gland with the patient leaning over the edge of a table or chair, and with a rubber glove finger introduced in the rectum. They massage the gland, using rotary motion over the entire surface of the prostate gland. However, I have obtained brilliant results from the use of the vibratory massage.

As it is a well known fact that vibration increases the volume of blood and lymph flow to a given area or organ. It also increases nutrition and stimulates secretion. It will tend to soften and relieve muscular contraction. I have found that vibration will relieve congestion and engorgement and it will facilitate the removal through the natural channels of the lymphatics the products of inflammation.

The massage should be performed every second, third, or fourth day, depending upon the patient's tolerance.

After every massage of the prostate, a copious urethro-vesical irrigation should be made, using albargin 1 in 1,000 if gonococci are present, oxycyanate of mercury 1 in 70,000 or nitrate of silver 1 in 10,000, if there are no gonococci.

I have found it advisable to use an irrigation before massage and another afterwards, as in this way I believe that organisms which might enter ejaculatory ducts during the massage and cause epididymitis, are destroyed. Since adopting this practice I have noticed that epididymitis occurs less frequently as a complication during the treatment than before.

I have obtained most brilliant results in the administration of gonococcic vaccine in those cases of chronic prostatitis, where I have carried out the above line of treatment, and have been unable to obtain good results. I recently read a paper before the Alabama State Medical Association, reporting several cases of chronic prostatitis treated with the gonococcic vaccines, therefore will not burden you with its uses. However, I would advise the administration of the gonococcic vaccine along with the massaging of the prostate, where we have the gonococci present, which we will find present in a large number of cases.

My technique in performing the vibratory massage is as follows: Have the patient to report with his bowels and bladder well emptied. I then fill his bladder with a saturated solution of boric acid, placing him upon the table in the Simm's position. With a special prostatic applicator, well lubricated, attached to the vibrator, I introduce it into the rectum, then turn on the electric current, commencing with the short vibrations first and gradually increasing the length of the stroke and number of vibrations. By this method I am not only able to produce a vibratory massage of the prostate gland, but also the seminal vesicles, which we find involved in a large number of cases, and one

who has ever massaged a prostate gland can readily appreciate how difficult and almost impossible it is to massage the seminal vesicles, owing to the fact that they are situated so high up above the prostate gland. With the vibratory massage we are able to empty the prostate gland and seminal vesicles of the seropurulent secretion, and stimulate absorption more readily.

After massaging the prostate and the vesicles until I am satisfied that I have emptied them thoroughly, I shut off the electric current, removing the prostatic applicator, and have the patient to void the boric solution, contained in his bladder. Noticing what the solution contains, we can more intelligently judge the condition of the prostate gland. I then give the patient a copious urethro-vesical irrigation, of either albargin, 1 in 1,000 if gonococci are present, and if not oxycey-nate of mercury 1 in 7,000.

One can readily appreciate the advantages of the vibratory massage over the use of the finger in massaging the prostate, as it not only more thoroughly empties the prostatic tubules but it will cause the absorption of the inflammatory products and strengthen the relaxed muscular fibers. We are also able to produce a vibratory stimulation to the seminal vesicles, which to my mind seems almost a physical impossibility to do with the finger.

I have often noted that in certain cases, on beginning the treatment by massage, there would be no immediate improvement. After massaging a number of times the prostate, which was originally hard, begins to feel soft, and at each massage a larger amount of pus was expressed than on beginning treatment. I have found in some cases when softening and increased discharge once begin, the enlargement of the prostate disappears with greater rapidity, sometimes in one week. The probable explanation is that the ducts of the dilated tubes are closed, and that the massage forces out the plug and also presses out the accumulation of pus in the dilated tube, and then prostate collapses after being emptied. In other cases a drachm of prostatic fluid mixed with pus may be expressed at the first massage and the quantity diminished at subsequent sittings till only a few drops are squeezed out. These patients often require only a few applications of the massage before they are entirely cured.

I have obtained some good results with electrolysis by using iodine with cataphoresis in some of these cases, where there has been a lack of tonicity in the relaxed walls of the prostatic ducts.

In considering the question of massage for an individual who has had prostatitis, the permission should not be given if pus is present, even though no gonococci may be found. For while gonococci are easily found in the expressed pus when abundant, a few may still exist in the prostatic tubes, with all their infectious qualities which may be overlooked on microscopic examination.

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MOSQUITO BITES.

The extraordinary plague of mosquitoes in New York last season, says Dr. J. E. Traub, Attending Physician St. Luke's Hospital, led me to take up a series of investigations with a view to their alleviation. I found that a combination of the fixed aromatics, viz: Menthol, Thymol, etc., with alkalies gave quick relief. While looking for a combination of this nature, my attention was called to Tyree's Antiseptic Powder, a combination of Sodium Borate, Alum, Glycerin, Carbolic Acid, and the crystalline principles of Thyme, Eucalyptus, Gaultheria and Menthae, which has the advantage over the extemporaneous mixtures of being always uniform easily soluble and readily miscible with talcum without grittiness. When indicated as a dusting powder, a 10 per cent mixture of Tyree's Antiseptic Powder in talcum, dusted on the exposed parts of the body will keep mosquitoes at a safe distance, or a solution of one or two teaspoonfuls to a pint of water, forms an unsurpassed lotion for the same purpose. This liquid also sprayed about rooms will materially aid in keeping them away. The manufacturer of Tyree's Antiseptic Powder is to be congratulated in having in this preparation a specific for the relief from these pests.

In Memoriam.

DR. JOSEPH HUGHES EDWARDS.

Dr. Joseph Hughes Edwards was born in Staffordshire, England, Nov. 24, 1873, and died in Birmingham, Ala., April 16, 1903. Death caused by tuberculosis of the bowels. Of his early boyhood which so often gives a glimpse of a future career, shaped by ancestry and environments we have no knowledge, but judge by the after record of life that it was a sturdy and aggressive stock.

He came to Alabama in his young manhood in 1897, entered actively upon the ordinary details of his business life, preparing himself in the meanwhile under Dr. Hogan for entering on a medical career. In 1896 he entered as student in the Birmingham Medical College and graduated in 1899, having been an earnest and diligent student. He immediately entered upon an active and successful practice, which widened and grew with each year of his life until he became an active factor in the medical welfare of his surroundings and as municipal health officer was as diligent in looking after the sanitary interests entrusted to his care as his surroundings would afford, urging and enforcing as far as was in his power all instrumentalities that would lead to the physical betterment of his surroundings. In this as a physician he looked beyond all selfishness as is the nature of any true man for the higher aim of being a blessing to his neighbors and in his sphere of work probably accomplished all that his day and time of service would allow. And during the nearly nine years of his life in Wylam left his impress for good on his community and even the regard and affection of a very large clientele, sacrificing undoubtedly his physical comfort for the welfare of others.

He visited Europe for a short time in 1901, during which year he became a member of the Jefferson County Medical Society.

Sept. 30, 1900, he married happily Miss Edith Thomas, issue a son Roland E., born Oct. 1, 1901; a daughter, Louise D., born June 30, 1904. As a Mason he was Past Master of the Blue Lodge, a member of the Royal Arch Chapter, amember of Cyrene Commandery and attained the thirty-second degree of the order to which he was devotedly attached, and faithful to its precepts and teachings. He was also a member of Knights of Pythias, Eastern Star Lodge. An active and

devout member of the Episcopal Church, he thoroughly identified himself with its interests, lived a pure life and died in the odor of sanctity trusting in his Saviour as one who could compass all his needs for time and eternity. And so every man who would pause and reflect, especially those who deal with the issues of life and death, must confront himself with an immortality of existence and prepare himself for that endless existence. When Clemanthe asked Iron, her lover, a devoted Greek, whether they should meet again, he responds: "I have asked that dreadful question of the hills that look eternal, of the clear streams that flow on forever, of the stars among whose fields of azure my raised spirits have walked in glory. All are dumb. But as I gaze on thy living face, I feel that there is something in love that mantles through; to beauty that cannot wholly perish. We shall meet again, Clemanthe."

Not like the ancient Greek who lived in hope alone. It is ours to dwell in surety of an everlasting life beyond, for on the resurrection morn our Saviour Jesus Christ broke the bars of death and brought life and immortality to light.

This one certain event comes to all, the only sure thing of physical life between the cradle and the grave:

"Some day when the winds are soft and the skies are clear,
And the fresh lipped flowers are everywhere
And the bird songs float on the balmy air, perchance I'll see
O'er the troubled waters a gleam of sail
And you will know that the boatman pale has come for me."

"It may be at noon on a summer day—
'Mid the heat of toil I shall pass away
And sweetly rest through the livelong day
Forgetting all care
And the sheaf shall drop from the reapers hand,
And lie unbound where the stubbles stand,
And there'll be grief in the family band
I shall not share."

"Perchance when the sheaves are all gathered in,
And the corn is drawn to the waiting bin,
And the golden apples are stored within,

And the bright leaves fall,
I shall look my last on the sunsets gold
And joyfully pass by the heavenly fold
At the Master's call."

"It may be at noon of a winter's night,
I'll step from the darkness into the light
On the other shore,
It matters not where the place may be
Or the time, if the Saviour waits for me
At the heavenly door."

Be it resolved, That a copy of this memorial be sent to the family of the deceased and that the editor of the Alabama Medical Journal be requested to publish a copy in an early coming number.

E. H. Sholl, M. D.,

D. F. Talley, M. D.,

J. D. S. Davis, M. D.,

Committee.

Birmingham, Ala., May 11, 1908.

Where hysteria is the result of uterine troubles Aletris Cordial Rio combined with Celerina is an excellent remedy.

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J. R. Goodloe, M. D.,
Demopolis, Ala.



Editorial.

W. H. BELL, M. D., Editor.

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The Meeting of the American Medical Association.

The fifty-ninth annual session of the American Medical Association was held in Chicago, on the 2nd to 5th inst. In attendance it was the greatest ever held, the registration of members reaching the number 6,446. The addresses were equal to any that have been delivered. The president's address, by Dr. H. L. Burrell, of Boston, was on "A New Duty of the Medical Profession; the Education of the Public in Scientific Medicine." Dr. W. S. Thayer, of Baltimore, delivered the address on Medicine. His subject was "Some Relations of the Physician to the Public, Duties and Opportunities." The oration on surgery was by Dr. George W. Crile, of Cleveland, on "The Cancer Problem."

In commenting on the meeting the Journal of the A. M. A. says: "The entertainments, which were eminently successful, were arranged to suit all tastes—receptions at the Fortnight Club, the Chicago Woman's Club, at the Country Club by Mrs. Herbert Burrell, at the Art Institute and an orchestral concert by the Theodore Thomas Orchestra, for the

ladies; section and college banquets and reunions; trips to the packing houses and steel works for those interested in industrial enterprise; and finally the president's reception and ball on Wednesday night and a smoker on Thursday night, both at the Coliseum which vast hall was on both occasions filled to overflowing. The section meetings were unusually well attended; the papers presented were of a high order, and the discussions thereon vigorous and well sustained. The scientific work of the Chicago session leaves nothing to be desired. It is a matter for congratulation that the section on Hygiene and Sanitary Science is arousing increasing attention. The business of the meeting was dispatched by the House of Delegates with laudable promptitude and without the disturbance of harmony. The attendance of delegates was large throughout. More members registered for the first meeting than at any time since the re-organization."

The delegates from Alabama were Drs. W. H. Sanders, of Montgomery, J. D. S. Davis, of Birmingham, and I. L. Watkins, of Montgomery. A goodly number besides the delegates attended from Alabama also, particularly from the Birmingham district.

The following officers were elected: President, Dr. William C. Gorgas, Ancon, Panama; First Vice-president, Dr. T. J. Murray Butte, Mont.; Second Vice-president, Dr. John A. Hatchett, El Reno, Okla.; Third Vice-president, Dr. Thos. A. Woodruff, Chicago, Ill.; Fourth Vice-president, Dr. E. N. Hall, Woodburn, Ky.; General Secretary, Dr. George H. Simmons, Chicago, Ill.; Treasurer, Dr. Frank Billings, Chicago, Ill.; Trustees, Dr. W. R. Townsend, New York; Dr. P. M. Jones, San Francisco; Dr. W. T. Sarles, Sparta, Wis.

The next meeting of the Association will be held at Atlantic City.

The Meeting of the Association of Medical Officers of the Army and Navy of the Confederacy.

The eleventh annual meeting of the Association of Medical Officers of the Army and Navy of the Confederacy was held at the rooms of the Commercial Club in this city June 9th, 10th and 11th. The membership of this association is composed of doctors who served as surgeons, assistant surgeons, contract physician or acting assistant surgeon, hospital steward or chaplain in the Confederate army. All Con-

federate veterans who are regular doctors of medicine are eligible to membership as associate members, and all sons of Confederate veterans who are regular doctors of medicine are eligible to membership as junior members.

The attendance at this meeting was small, owing no doubt to the age and infirmity of a large proportion of the membership. Dr. Samuel E. Lewis of Washington, D. C., presided over the sessions, and Dr. A. A. Lyon of Nashville, Tenn., served as secretary. An interesting program was carried out. The following were among the interesting papers read: Surgery of the Confederate States by Dr. E. D. Newton of Athens, Ga.; How a Virginia girl won the title of Captain, was commissioned as such, and placed in charge of the best hospital in Richmond, by Dr. Wm. B. Burroughs, Brunswick, Ga.; Antiseptics and the Army Surgeon, by Dr. J. C. Abernathy, Birmingham, Ala.; and Retreating on Appomattox—the experiences and recollections of a Surgeon, by Dr. A. A. Lyon, Nashville, Tenn.

The officers elected for the next year are, President, Dr. J. C. Abernathy, Birmingham, Ala.; First Vice-president, Dr. W. F. Beard, Shelbyville, Ky.; Second Vice-president, Dr. E. D. Newton, Athens, Ga.; Third Vice-president, Dr. Geo. M. Burdett, Lemon City, Tenn.; Fourth Vice-president, Dr. W. H. Barnes, Homewood, Miss.; Secretary, Dr. A. A. Lyon, Nashville, Tenn. The next meeting will be held in Memphis, Tenn.

The address of President Lewis was a most excellent one. The purpose of the organization as stated by the president is twofold: First to cultivate a friendly feeling among the members of the profession who served in the medical department of the army and navy of the Confederacy; and second to collect through its members all material matter possible pertaining to the medical services of the army and navy of the Confederacy.

President Lewis had with him some most interesting volumes. Among them was "A Manual of Military Surgery" prepared for the use of the Confederate States army by order of the Surgeon-General, S. P. Moore. Another was a bound copy of the Confederate States Medical Journal, published in Richmond, 1863-'4, under the auspices of the Surgeon-General, S. P. Moore. This was a monthly, published in quarto form, and subscription price was \$10.00 a year.

Appointments by President Wyman.

The State Medical Association at its last meeting passed an ordinance establishing a Council on Nosology, a Council on Pharmacy and a Council on Scientific Study, each to be composed of five members appointed by the president. The duties of the councils are as follows: Those of the Council on Nosology shall be to study the classification and nomenclature of diseases, with the view of furnishing the members of the Association with the most scientific and approved arrangement of the subject that can be reached; those of the Council on Pharmacy shall be to inform itself as to the composition of drugs, their proper and just therapeutic application, and also as to the composition and purity of foods, especially those that are claimed to be new or that come under the title of "patent or proprietary," with the view of furnishing the members of the Association with reliable information on these subjects; those of the Council on Scientific Study shall be to formulate courses of study and investigation, scientific, clinical, and experimental, to be submitted to the county societies for adoption or not as they may see fit.

The president shall have the right to call on the Council on Scientific Study to aid him in preparing and arranging the scientific part of the program of the meeting of the Association over which he is to preside.

Each of the councils is to report annually to the Association. The following appointment of these Councilors has been made by President Wyman:

THE COUNCIL ON NOSOLOGY.

1. R. M. Cunningham, Ensley, term expires 1909.
2. Wm. G. Somerville, Tuscaloosa, term expires 1910.
3. M. Toulmin Gaines, Mobile, term expires 1911.
4. Julius F. Peavy, Atmore, term expires 1912.
5. David L. Wilkinson, Montevallo, term expires 1913.

THE COUNCIL ON PHARMACY.

1. H. A. Moody, Florence, term expires 1909.
2. Jas. L. Bowman, Union Springs, term expires 1910.
3. John R. Goodloe, Demopolis, term expires 1911.
4. W. H. Wilder, Birmingham, term expires 1912.
5. Chas. A. Mohr, Mobile, term expires 1913.

THE COUNCIL ON SCIENTIFIC STUDY.

1. W. G. Harrison, Birmingham, term expires 1909.

2. Walter S. Britt, Eufaula, term expires 1910.
 3. Francis M. DuBose Selma, term expires 1911.
 4. Wm. R. Jackson, Mobile, term expires 1912.
 5. R. S. Hill, Montgomery, term expires 1913.
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The Southern Medical Association — Next Annual Session, Atlanta, Ga., Nov. 10, 11 and 12, 1908.

President—B. L. Wyman, Birmingham Ala.

Vice-Presidents—W. P. McAdory, Birmingham, Ala.; H. M. Folkes, Biloxi, Miss.; Frank Watson, New Orleans, La.; G. R. Holden Jacksonville, Fla.; Raymond Wallace, Chattanooga, Tenn.; A. L. Fowler, Atlanta, Ga.

Secretary-Treasurer—Oscar Dowling, Shreveport, La.

Counselors—D. F. Talley, Birmingham, Ala.; Michael Hoke, Atlanta, Ga.; John M. McDermid, DeLand, Fla.; W. W. Crawford, Hattisburg, Miss.; W. W. Butterworth, New Orleans, La.; Geo. C. Savage, Nashville, Tenn.

OFFICERS OF SECTIONS.

Section on Medicine—Chairman. Seale Harris, Mobile, Ala.; Secretary, H. E. Mitchell, Birmingham, Ala.

Section on Surgery—Chairman, W. F. Westmoreland, Atlanta, Ga.; Secretary, J. L. Crook, Jackson, Tenn.

Section on Ophthalmology—Chairman, J. F. Herron, Jackson, Tenn.; Secretary, A. B. Harris Birmingham, Ala.

As our readers are probably aware, the postoffice department has recently made a new rule, under which publishers will not be permitted hereafter to continue sending their periodicals out at second-class rates unless subscriptions are paid up. It appears that a magazine like this must be able to demonstrate to the postoffice authorities that its subscribers are none of them more than four months behind with their subscriptions. While a very large percentage of our subscribers have their subscriptions paid up in advance yet it must be confessed that there are some who are a little slow. This column is not the proper place to urge the payment of subscriptions, but we may, perhaps, be excused from mentioning here this most interesting ruling of the post-office department.

(We quote the above from an exchange as applicable to this Journal. Verb. sap. Ed.)

Personal Notes.

Dr. J. P. Watkins of Opelika, visited friends in Birmingham recently and made a pleasant call at the Journal office.

Dr. James S. McLester, 830 South Twentieth St., Birmingham, wishes to announce that he will be absent from his office for purposes of study October 1, 1907, to October 1, 1908.

Dr. H. T. McGehee, of Morris, Ala., was married to Miss Iva Crawford, of Savannah, Tenn., at the home of the bride on June 2nd. They left immediately for Chicago and other cities for a month's visit.

Dr. B. D. Sibley announces that he has moved his office to the second floor of the First National Bank Building, rooms 227 and 228, where he will continue the practice of eye, ear, nose and throat work.

Among the recent visitors to Birmingham, were Dr. R. C. Jones, of Abernant; Dr. J. A. Goodwin, of Jasper; Dr. M. B. Cameron, of Entaw; Dr. J. F. Jenkins, of Piper; Dr. J. I. Reid, of Aldrich; Dr. W. L. Neal, of Vick, and Dr. M. C. Thomas, of Bell Ellen.

PHYSICIANS ATTENTION.

Drug stores for sale on easy terms, etc., United States, Mexico, and Canada. Drug store positions. F. V. Kn'est Omaha, Nebraska.

PHYSICIANS who desire to acquire a practical knowledge of the German language in a comparatively short time should apply to Professor Stahl, a native German, who comes highly recommended as an efficient instructor in German and cognate languages. Particulars given on application. Address

P. C. STAHL, 313 N. 22d St.,
Instructor in German,

Will be glad to translate from the German to English for the benefit of medical men.

Book Notices.

International Clinics.—A Quarterly of Illustrated Clinical Lectures and Especially prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynaecology. Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to students and practitioners, by leading members of the medical profession throughout the world. Edited by W. T. Longcope, M. D., Philadelphia, Volume 1. Eighteenth series. 1908. Philade'phia and London. J. B. Lippincott Company. 1908.

This volume contains the usual number of good articles. The first on "The Sanatorium by Lawrason Brown, is deserving of special mention. Others on Treatment are Notes on the Treatment of Syphilis by the Injection of Soluble Salts of Mercury, by Jeon Dardel. M. D.; Some Clinical Aspects of Blood Coagulation, by Thos. R. Boggs, M. D.; Some Records of the Value of the Opsonic Test for Diagnosis, by A. Dingwall Fordyce, M. D. The Paratyphoid Fevers, by Jas. C. Wilson, Urinary Acidity, by A. L. Benedict; Mucous Colitis, by David Sommerville; the Normal Temperature of the Body, by R. D. Rudolph; Diseases of the Gall Bladder, by John B. Deaver; the Care of the New-born, by Henry Enos Tuley; the perfected Surgical Treatment of Fibroid Tumors of the Uterus, by Lewis S. McMurtry; Fracture of the Spine, by Geo. L. Walton, and the Way of Infection in Tuberculosis, by L. P. Flick, make up an array of articles of great value and interest.

Of special interest are the articles on Progress of Medicine During 1907, by Stevens, Esdal and Nisbet, and Blodgood.

Taken as a whole this volume is one of the best of the International Clinics ever issued and this is saying a great deal.

The Sexual Question.—A scientific, Psychological Hygienic and Sociological study for the cultured classes. By August Forel, M. D., LL. D., Formerly Professor of Psychiatry at and Director of the Insane Asylum in Zurich (Switzerland). English Adaptation, by C. F. Marshall, M. D., F. R. C. S. Late Assistant Surgeon to the Hospital for Diseases of the Skin, London. Illustrated. New York. Rebman Co

This is an interesting work on a difficult and delicate subject treated in a masterly and scientific manner. As stated by the author, his object is to study the sexual question under all its aspects: scientific,

ethnological, pathological and social, and to seek the best solution of the problems connected with it.

The opinions of the author on this subject are based on his scientific study of the human brain and his long experience as an alienist.

The work is divided into nineteen chapters, chapters i to vii deal with the natural history and psychology of sexual life; chapter viii with its pathology, and chapters ix to xviii with its social role, or its connection with the different domains of human social life.

Subcutaneous Hydrocarbon Protheses. By F. Strange Kolle, M. D. Author of "The Recent Rontgen Discovery"; "The X-rays, their Production and Application"; "Medica-Surgical Radiography," etc. The Grafton Press, Publishers, New York. Price, \$2.50.

In this work the author places before the profession a practical and concise treatise on the subcutaneous employment of hydrocarbons for the correction of defects about the face, neck and shoulders. This particular branch of cosmetic surgery is at the present time attaining to considerable importance.

We commend the book, which contains more than 150 pages, to those interested in this line of work.

Hygienic Laboratory—Bulletin No. 40. M. J. Rosanace, Director. May 25, 1908. (1) The Occurrence of a Proliferating Cestode Larva (*Sparganum proliferum*) in Man in Florida. By Chas. Wardell Stiles. (2) A Re-examination of the Type of *Filaria restiformis* Leidy, 1880. *Agamomeris restiformis*. By Chas. Wardell Stiles. (3) Observation on Two New Parasitic Trematode Worms; *Homalogaster philippineus* N. Sp., *Agamodistomum nanus* N. Sp. By Chas. Wardell Stiles and Joseph Goldberger. (4) A Re-examination of the original specimen of *Talnia saginata abietina* (Weimland, 1858). By Chas. Wardell Stiles and Joseph Goldberger. Government Printing Office, Washington. 1908.

First Annual Report of the Commission of Health of the Commonwealth of Pennsylvania. Samuel G. Dixon, M. D., Commissioner. Harrisburg Pub. Co., State Printer. 1908.

Annual Report of the Surgeon-General of the Public Health and Marine Hospital Service of the United States, for the fiscal year 1907. Government Print. Office, Washington.

Miscellaneous Notes.

PUBERTY.

At this time the administration of a proper remedy can go a long way toward establishing normal functioning of the reproductive system of girls approaching maturity. Hayden's Viburnum Compound exerts a beneficial influence upon the nervous and reproductive system, and if administered just prior to the initial catamenia, its anti-spasmodic and tonic action will be found of particular advantage.

THE PERIODICAL NERVOUS HEADACHE.

Among the most common ailments, especially among the young, are the periodical nervous headaches, and three or four times as many females as males are afflicted with them. Dr. A. F. Schellschmidt of Louisville, Ky., states that "they generally manifest themselves about the time of puberty and are very severe for a few years, but with increasing age the attacks become less frequent, until at the age of forty they seem to almost disappear and are seldom or never seen after fifty. They are associated with vertigo, nausea and vomiting. The pain is in and around the eyes and while the attack lasts there frequently is partial or total blindness. Those who complain of this trouble suffer from prodromal symptoms for several days before the attack shows itself in an active form, which symptoms differ in different patients.

When treatment is demanded it is more for the pain than anything else. Opium will relieve, but does more harm than good, as it leaves the system in a worse condition to resist a subsequent attack. Anti-kamnia tablets give great relief and act quickly. An emetic will sometimes abort an attack. The bowels should be kept open and those diuretics which hasten the elimination of the urea should be administered. If the attacks are due to a reflex nervous condition the cause must be sought and treated.

The adult dose of antikamnia tablets best suited for the relief of these headaches, is two every three or four hours.

INFANTILE DIARRHEA.

By G. L. Hagen, M. D., Minneapolis, Minn.

Your product, Glyco-Thymoline, has proven in my hands the best remedial agent in all cases where the different mucous membranes are involved in a catarrhal and inflamed condition. I could give you several cases in which I have used Glyco-Thymoline with brilliant results, but will relate one extremely chronic case.

A three months' old bottle fed baby in the month of August, 1906, had chronic infantile diarrhea and inanition. I used everything known in the line of artificial food products and every other remedial agent to suit the case, but with no improvement. His mouth at last got so inflamed that even water seemed to irritate it and he could not retain anything. He was a mere bunch of small bones—everything but dead. I then began to give him the following treatment:

℞ Glyco-Thymoline $\frac{3}{4}$ i
 Mel. Despumatum $\frac{3}{4}$ i ss
 Aquae dist. q. s. a. d. $\frac{3}{4}$ iv
 M. sig.—One teaspoonful every two hours.

The baby made a rapid and complete recovery and is today the finest little patient I have ever used.

INTERNATIONAL CONGRESS ON TUBERCULOSIS.

From the Office of the Secretary-General of the International Congress on Tuberculosis, the Colorado Building, Washington, D. C., May 20, 1908.

President Roosevelt has accepted the presidency of the International Congress on Tuberculosis. His letter to Dr. Lawrence F. Flick, chairman of the Committee of Arrangements for the Congress, follows:

The White House, Washington, May 12, 1908.

Sir:—It is with great pleasure that I accept the presidency of the "International Congress on Tuberculosis" which is to meet in this city on Sept. 12, 1908, and extend its session to Oct. 12, 1908. Official duties, however, may prevent my presiding at the initial meeting of the Congress, in which case I will deputize Secretary Cortelyou.

The importance of the crusade against tuberculosis, in the interest of which this Congress convenes, cannot be overestimated when it is realized that tuberculosis costs our country two hundred thousand lives a year, and the entire world a million lives a year, besides constituting a most serious handicap to material progress, prosperity and happiness, and being an enormous expense to society, most often in those walks of life where the burden is least bearable.

Science has demonstrated that this disease can be stamped out but the rapidity and completeness with which this can be accomplished depend upon the promptness with which the new doctrines about tuberculosis can be inculcated into the minds of the people and engrafted upon our customs, habits and laws. The presence in our midst of representatives of world wide workers in this magnificent cause gives an unusual opportunity for accelerating the educational part of the program.

The modern crusade against tuberculosis brings hope and bright prospects of recovery to hundreds and thousands of victims of the disease, who under old teachings were abandoned to despair. The work of this Congress will bring the results of the latest studies and investigations before the profession at large and place in the hands of our physicians all the newest and most approved methods of treating the disease—a knowledge which will add many years of valuable life to our people and will thereby increase our public wealth and happiness.

The International Congress on Tuberculosis is in the interest of universal peace. By joining in such a warfare against a common foe the peoples of the world are brought closer together and made to better realize the brotherhood of man; for a united interest against a common foe fosters universal friendship. Our country which is honored this year as the host of other nations in this great gathering of leaders and experts and as the custodian of the magnificent exhibit which will

be set up by the entire world, should manifest its appreciation by giving the Congress a setting worthy of the cause, of our guests, and of ourselves. We should endeavor to make it the greatest and the most fruitful Congress which has yet been held, and I assure you of my interest and services to that end.

With expressions of appreciation for the compliment conferred in extending the invitation to become president of the Congress.

Very respectfully,

Theodore Roosevelt.

Dr. Edward L. Trudeau has been elected honorary president of the Congress, and Vice-President Fairbanks, Speaker Cannon and the governors of the States have been asked to serve as vice-presidents. The list of vice-presidents is not complete, but those who have agreed to serve in that capacity include Vice-President Fairbanks, Speaker Cannon, Governors Gillet of California, Buchtel of Colorado, Woodruff, of Connecticut, Deneen of Illinois, Hanly of Indiana, Cummins of Iowa, Hoch of Kansas, Wilson of Kentucky, Cobb of Maine, Crothers of Maryland, Warner of Michigan, Johnson of Minnesota, Noel of Mississippi, Folk of Missouri, Floyd of New Hampshire, Fort of New Jersey, Hughes of New York, Glenn of North Carolina, Burke of North Dakota, Harris of Ohio, Chamberlain of Oregon, Stuart of Pennsylvania, Ansel of South Carolina, Patterson of Tennessee, Cutler of Utah, Proctor of Vermont, Swanson of Virginia, and Dawson of West Virginia.

The German committee of arrangements for the Congress has a membership of over one hundred and fifty. The list forwarded to the Secretary General by Dr. Nietner includes some of the highest dignitaries of the Empire. Dr. von Bethmann-Hollweg, the president of the committee, is the Imperial Secretary of the Interior and the Vice-President of the Prussian Ministry of State. The vice-presidents are Count von Lerchenfeld, royal Bavarian State Counsellor and Ambassador Plenipotentiary, and Baron von Knessebeck, royal master of ceremonies and Chamberlain to her majesty the Empress; and the treasurer is Ernst von Mendelssohn Bartholdy, a member of the Prussian Diet. Another distinguished member of the committee is Victor, Prince of Hohenlohe and Corvey and Grand Duke of Ratibor. Drs. von Ley-

den, B. Frankel Orth, Baginsky, and Nietner constitute the central commission, and others named on the list include Dr. Robert Koch, Dr. Emil von Behring, Dr. A. Frankel, Dr. Richard Neisser, Dr. Lydia Rabinowitsch-Kempner, Dr. G. Pannwitz, Dr. Schottelius, Dr. Abb, secretary of the Civil Cabinet of the Emperor at Berlin; Dr. Bumm, president of the Imperial Board of Health; and Dr. Schjerning, general chief of the Army Sanitary Corps and of the Medical Division of the War Department.

A committee of sixty-four members has been appointed to arrange for the part Belgium will take in the Congress and in the exhibition to be held in connection with it. M. Beco, the Governor of Brabant, is honorary president and Dr. Dewez, President of the Belgian Anti-Tuberculosis League, is president of this committee. Other members of the committee are M. Velghe, Director-General of the Ministry of Agriculture; Van Ryn, Secretary of the Belgian Anti-Tuberculosis League; Dr. Bordet, director of the Pasteur Institute at Brussels; M. R. Waracque, Dr. Cousot and Dr. Descamps, all of whom are members of the Chamber of Representatives; Dr. Devaux, Inspector General of the Department of Health and Hygiene; Dr. Courtoy, president of the Provincial Medical Commission of Namur; Dr. Dethier, director of the Anti-Tuberculosis Dispensary at Namur; and Dr. Wouters, director of the dispensary at Louvain.

FEEDING OF TYPHOID PATIENTS.

There are two points of clinical importance which should influence the physician in the selection of a proper diet for typhoid fever. They are first the supposed danger of mechanically irritating the ulcerated surface in the intestine and the danger in overloading the gastrointestinal tract whose digestive functions are impaired by the fever. Second, the relations of the chemical ingredients of the food to the increased tissue change that causes, or accompanies, the excessive production of heat. If the proper fluid can be furnished as a food the tissues are spared too great self-consumption in producing heat. In regard to the first fact, the danger of mechanical irritation of the intestinal wall is somewhat exaggerated. In prescribing a sole milk diet for ty-

phoid fever in order to lessen this danger, may overlook the fact that milk, alone, on entering the stomach becomes almost solid and large firm curds are likely to prove quite as irritating to the ulcerating surfaces, or even more so, than starchy food. When patients are fond of milk and seem to digest and absorb it thoroughly, there is no better diet when employed with Bovinine. It answers every requirement of a perfect fever food. It contains all the essential elements of nutrition, is readily digested, furnishes fluid to the tissues, is a good diarrhoeic and if properly administered it is soothing to the stomach when a gastric catarrh exists. Those who dislike milk or do not seem to digest it do well on Bovinine in barley, rice, or plain, and later when the digestive condition has improved, milk may again be taken up. It is largely the custom with the profession to give an exclusive diet, but this should not be prescribed in routine for all cases. Many authorities have advocated a departure from the strict milk diet which has come to be the rule for typhoid fever, and it is found beneficial to enlarge the dietary of some patients considerably and this can be most perfectly obtained by the addition of Bovinine. It is usually the case in hospitals to put the typhoid patients on a routine milk diet, but of late it has been proved that far better results were obtained where the Bovinine was given in combination. In typhoid fever every effort should be made to maintain complete and normal stomach digestion. If all food is thoroughly disintegrated before it enters the digestive tract there need be but little fear of mechanically irritating the ulcerated surface. Far more danger may occur through malnutrition of the intestinal wall, which prevents absorption of nutriment. An accumulation of undigested food in the intestine is, therefore, highly undesirable, and where Bovinine is employed an examination of the stools will show no undigested curds of food matter.

Milk for some persons, in health or disease, is clearly a poison. They completely fail to digest, and it produces a gastrointestinal disturbance which, in many cases, is quite serious. Patients of this class digest milk even less when they acquire a prolonged fever. Others with whom milk agrees, becomes very tired of it after taking it exclusively for a long period. This complication does not occur when the Bovinine is employed, and the convalescent period is undoubtedly shortened.

INFORMATION ON MEATOX.

Granulated Beef Fibre.

By Dr. H. Endemann, of New York.

Our nourishing products, that is, the natural elements which are used as food, are of two different kinds. We require heat or energy producing matter, such as starch, sugar and fat, and also matter which will build up our tissues and sustain our strength. For this latter purpose albumen and muscular fibres of meat are necessary, and these are transformed by the stomach and intestines into soluble substances which are assimilated and absorbed by the blood.

When the digestive tract is weakened, this process often goes on very slowly, particularly so on account of the common vice of swallowing food without proper mastication. For many years efforts have been made to counteract the effects of this fault, by offering to the public nourishing food in pulverized form. Starchy products when pulverized become flour, faina, etc., and fats become emulsions. For forty years this idea expressed itself in different methods applied to meat. My own investigations date back that far, and I am satisfied that the digestibility of meat is considerably enhanced by its pulverization. The older preparations, however, did not possess the very necessary qualities of retaining their strength and freshness.

Mr. Charles Marchand, of New York, has now found that the strength of such preparations is materially heightened when the extractive substances of the meat are first removed. These extractive substances are stimulant, but they contain no nourishment, and the digestibility of the meat is not affected by their removal. This must be considered as an absolute advancement. The product obtained is known by the name of MEATOX.

MEATOX has from time to time been analyzed by different chemists and it is absolutely free from preservatives. These analyses and physiologic experiments all show too that it contains a high percentage of digestible meat protein, that is, in round numbers about 80 per cent. Of fat it contains about 6 per cent to 7 per cent, and of celery salt used as flavoring, less than 1 per cent, indigestible substances less than 1 per cent, with water and substances forming the balance.

That such a preparation has a very high value as food in cases of

sickness and convalescence and in chronic malnutrition is obvious of course. But it also fills a long felt want in that field where it becomes necessary to transport food products in a form of highest possible concentration and lightest weight, for instance in the provisioning of armies and navies, and of expeditions and traveling parties into wild countries. One pound of Meatox is equivalent in nourishment value to five pounds of lean, boneless beef, or the same quantity of "Canned Beef," which latter, when "preserved," often acts as a poison.

MEATOX cannot make a bouillon, because the extractive substances are missing, but if the aroma is desired, it is easily obtained by adding a small quantity of meat extract, which will act as a stimulant, but it does not add any amount of nutritious substance whatever. I know of no meat preparation which possesses such a high percentage of digestible nutriment as does MEATOX.—*Abstract from Der Hausdokter*, April, 1908.

INFECTIOUS DISEASES.

As the kidneys are the most active channel of elimination, not only of leucomaines and ptomaines, but also the micro-organism of infections and other diseases, it is specially important that elimination be constantly favored by the administration of a soothing and healing diuretic resolvent. This indication is met by administering sanmetto in teaspoonful doses four times a day. This explains why this remedy is so valuable as adjuvant treatment in la grippe, scarlet fever, gonorrhea and other diseases.

GOOD FAITH WITH THE MEDICAL PROFESSION.

It means much to the thoughtful practitioner to have remedies at his command in which he can place implicit confidence as to quality, uniformity, and therapeutic efficiency. The substantial success won by Gray's Glycerine Tonic Comp. during the past fifteen years is the strongest possible evidence of the good faith that has constantly been kept with the medical profession. To prescribe an original bottle of Gray's Glycerine Tonic Comp. is to insure a maximum of benefit to a patient, and a minimum of uncertainty as to the desired results. When other tonics fail to prevent bodily decline, Gray's Glycerine Tonic Comp. will prove a veritable sheet anchor.